Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY (Column 1) OTHER THAN (Column 2) TYPE [FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** 348,00 ٠. OR **TOTAL CLAIMS** minus 20⇒ X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= MULTIPLE DEPENDENT CLAIM PRESENT X.8% OR +130= * If the difference in column 1 is less than zero, enter "0" in column 2 +260= ÒR TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-AFTER **PREVIOUSLY** RATE EXTRA TIONAL AMENDMENT RATE TIONAL PAID FOR FEE FE **Total** Minus X\$ 9= X\$18= OR Independent Minus = X.Ya. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM XXD= OR +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING. AMENDMENT NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY EXTRA RATE TIONAL . AMENDMENT RATE TIONAL PAID FOR FEE FEE **Total** Minus X\$ 9= X\$18= Independent OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X.YD= XPA-OR +130= +260= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER AMENDMENT PRESENT ADDI-ADDI-AFTER **PREVIOUSLY EXTRA** RATE AMENDMENT TIONAL RATE TIONAL **PAID FOR** FEE Tota! FEE Minus •• X\$ 9= Independent X\$18= OR Minus ... FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X:90= X88= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +130= +260= OR " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. ADDIT. FEE FORM PTO-675 (Rev. 12/99) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number 09/380410				
L	Effective November 10, 1998									U7		7002	+ - 0
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAI	LL ENTITY		OTHER THAN	
Γ	FOR	•	NUMBER FILED			NUMBER EXTRA			RATE		``	RATE	
Ī	BASIC FEE							1		380.0			841)
Ī	TOTAL CLAIMS	2 € minus 20=			• 5			X\$ 9:		7	-	100	
u	NDEPENDENT	2 minus 3 =									`	90	
1	MULTIPLE DEPENDENT CLAIM PRESENT								X39=			X78=	-
ŀ.	M the difference in column 4 to 1 to 2							3	+130=		OF	+260=	
ľ	* If the difference in column 1 is less than zero, enter "0" in column 2											TOTAL	930
Į	(Column 1) (Column 2) (Column 3)								SMALI	L ENTITY	OR		R THAN ENTITY
AMENDMENTAX		REM	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
GNE	Total	-	25	Minus	-	20	- 5		X\$ 9=		OR	X\$18=	90
¥	Independent	ENTATIO	<u> </u>	Minus	1 ***	3	1 -	ſ	X39=	T -	OR	X78=	
r	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
								A	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
L		(Column 1) (Column 2) (Column 3)							*-				
AMENDMENT B		REMA	INING TER	·	PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••	•	-	Γ	X\$ 9=		OR	X\$18=	
	Independent	<u> •</u>		Minus			=	F	X39=			X78=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ŀ			OR	- A70=	
									+130=		OR	+260=	
	(Column 1) (Column 2) (Column 3)								TOTAL OIT, FEE	<u> </u>	OR ,	TOTAL DOIT, FEE	
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AMENDMENT C		REMAI AFTI AMEND	ER		PRE	GHEST UMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ŝ	Total	• • •		Minus .	••		•		K\$ 9=		OR	X\$18=	
AME	Independent	•		Minus	i		e	-	X39=		<u>~</u> }	X78-	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR ADDIT. FEE

+130=

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** ADDIT. FEE

OR **TOTAL ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 6/00)

OR

OR

X78=

+260=